

## The price is right?

Summer is coming to an end as I pen my first editorial as President, and to say that it has been an eventful few months would be something of an understatement. The hottest topic has, once again, been the pricing of medicinal products – what else? The EpiPen® saga in the United States, much like the Daraprim one earlier in the year, as well as the almost concurrent tabling of the Health Service Medical Supplies (Costs) Bill in the United Kingdom, once again caused the debate to flare up like a spark in dry summer grass, and, combined with the various reactions and counter-reactions from political and industrial spheres, has made for some interesting reading. As if that were not enough, and just when it seemed one couldn't possibly squeeze a further drop of controversy on the issue, the United Nations Secretary General's High-Level Panel on Access to Medicines issued its long-awaited report, once again igniting the discussion, calling for a radical shift in the model whereby costs of research, manufacture and market innovative medicines translate into the prices of medicinal products.

Cost. That is all it is about really, isn't it? The cost of research, the cost of manufacture, the cost of supply, the cost to healthcare systems, the cost of a single pill, the cost of – sometimes lifelong – therapy, the cost to the patient, the cost of life itself – some of these quantifiable, others hardly so. Nonetheless, in our pursuit of ensuring that all patients have access to the positive therapeutic outcomes resulting from the pharmacological treatment of their conditions, it is a discussion that cannot be avoided, and it is only through goodwill and consultation with all stakeholders involved that we can hope to approach the beginnings of a solution that, if achieved, will be as groundbreaking as the new



therapies being heralded for the coming years.

Which brings me to another topic of consideration – the concept of consultation. The etymology of the word dates back to the early 15th century, derived ultimately from the Latin *consultare*, itself in turn the frequentative of *consulere*, originally probably having the meaning of “to gather and ask for advice”. In these roots, one finds two interesting aspects of the word “consultation”. First of all, that the onus of consultation lies on he who would seek advice – it should not

be necessary to have to engage in any form of effort to have the opportunity for one's voice to be heard in the process of consultation. Secondly, that the verb from which the word is immediately derived is a frequentative form of its older root, thereby implying repeated action, and hence that consultation is necessarily engaged in continuously. The consulted parties must be convinced that the continuity of the consultative process is guaranteed and not subject to whim or circumstance, and that he on whom the onus of consultation lies will assuredly engage in such activity. They must not feel that there is a price that must be paid to guarantee this right, especially in these times in the pharmaceutical sector when it is found to be necessary to evaluate the costs that define an acceptable price, even when the value of what is being priced is, sometimes, inestimable.

For undoubtedly, in matters of consultation, no price can be right.

A handwritten signature in black ink, which appears to read 'C. Farrugia'. The signature is written in a cursive style and is underlined.

Professor Claude Farrugia  
President, EIPG